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| **Effective January 1, 2017** | **U.S. Network**  **Aetna Open Choice PPO** | | | **Out-of-Network** | | |
| **General** | | | | | | |
| **A plan year is a calendar year, January 1 through December 31** | | | | | | |
| Medical deductible (per person) | $ 600 per plan year | | | | | |
| Medical deductible (per family) | $1,200 per plan year | | | | | |
| **Medical out-of-pocket limits (Office visit co-payments and dental services do not accrue toward the out-of-pocket limits)** | | | | | | |
| Medical out-of-pocket limits per person | $4,000 per plan year | | | | | |
| Medical out-of-pocket limits per family | $8,000 per plan year | | | | | |
| **Office Visits** | | | | | | |
| Office visits for illness or specialist | 100% after $20 co-pay | | 80% after deductible | | | | |
| Routine annual physical and defined preventive services\* | 100% | |
| Ob/GYN (well woman) exam – one per plan year\* | 100% | |
| **Laboratory and X-rays** | | | | | |
| All services (unless covered under defined preventive services above) | 80% after deductible | | | | |
| **Emergency Room Related** | | | | | | |
| [Emergency room](http://intranet.worldbank.org/WBSITE/INTRANET/UNITS/HR/0,,contentMDK:20377365~currentSitePK:328635~pagePK:64207891~piPK:64207885~theSitePK:328635,00.html) | 80% after deductible | | | | | |
| [Ambulance services](http://intranet.worldbank.org/WBSITE/INTRANET/UNITS/HR/0,,contentMDK:20386767~currentSitePK:328635~pagePK:64207891~piPK:64207885~theSitePK:328635,00.html) |
| **Inpatient** | | | | | | |
| Hospital costs including anesthesia | 80% after deductible | | | | | |
| Surgery (physician) |
| Hospice |
| **Outpatient** | | | | | | |
| Hospital costs including anesthesia | 80% after deductible | | | | | |
| Surgery (physician) |
| Hospice |
| **Chemotherapy and Radiation Therapy** | | | | | | |
| Chemotherapy and radiation therapy: does not include oral or injectable medications purchased through pharmacy benefit | 100%  In-office/facility administration only | | | | | |
| **Maternity** | | | | | | |
| Obstetrics:  Single fee/delivery charge including office visits | 80% after deductible  Routine prenatal office visits covered at 100%, no deductible | | 80% after deductible | | | |
| Obstetrics:  Routine prenatal office visits billed separately from single fee | 100% | |
| [Infertility](http://intranet.worldbank.org/WBSITE/INTRANET/UNITS/HR/0,,contentMDK:20605646~currentSitePK:328635~pagePK:64207891~piPK:64207885~theSitePK:328635,00.html) | 80% after deductible | |
| Infertility lifetime limits: contact Insurance Administrator for details | | | | | | |
| **Mental Health and Substance Abuse** | | | | | | |
| Inpatient hospitalization for mental health or substance abuse | 80% after deductible | | | 80% after deductible | | |
| Outpatient facility, including day treatment programs |
| Office visits | 100% after $20 co-pay | | |
| **Nursing and Home Health Care** | | | | | | |
| Skilled nursing facility (e.g., rehabilitation center) *maximum 60 days per condition per plan year* | 80% after deductible | | | | | |
| Convalescent Care *Maximum 60 days per condition per plan year* |
| Visiting nurse: *maximum 120 days per condition per plan year* |
| Private duty nursing: *contact Insurance Administrator for authorization* |
| **Short-Term Rehabilitation** | | | | | | |
| Physical, occupational or speech therapy: *restorative service after illness or accident. 60 visits PT, OT, ST combined per condition per plan year. Visits over 60 review for medical necessity.* | 100% after $20 office co-pay | | | 80% after deductible | | |
| Physical, occupational or speech therapy: *for diagnosis of development delay a maximum 60 visits PT, OT, ST combined, per plan year, per child* |
| Chiropractor (30 visit limit per plan year) |
| Acupuncture (30 visit limit per plan year) |
| **Durable Medical Equipment** | | | | | | |
| [Durable medical equipment](http://intranet.worldbank.org/WBSITE/INTRANET/UNITS/HR/0,,contentMDK:20342793~currentSitePK:328635~pagePK:64207891~piPK:64207885~theSitePK:328635,00.html): Rental  *Purchases only if approved by Insurance Administrator* | 80% after deductible | | | | | |
| **Vision Care** | | | | | | | | |
| Routine eye exams, one per plan year, including refraction. *No PCP referral required* | | $20 co-pay | | | 80% after deductible | | | |
| Frames, lenses, contacts | | Up to $200 reimbursements per person, every two plan years | | | | | | |
| Hearing aids | | Maximum reimbursement $4,000 per person, every five plan years | | | | |

\*Defined preventive care services will be provided at 100% when an In Network Physician or facility is used. Defined preventive services are determined by gender and age and recommendations may change from time-to-time. Always check with the Insurance Administrator for the most recent recommendations provided separately from this general overview and discuss them with your doctor.

**For U.S. Prescription drug coverage, please refer to the separate Pharmacy Benefit Grid.**

# Cigna Dental Benefit Summary – Retiree - Plan 2

*All deductibles, plan maximums, and service specific maximums (dollar and occurrence) cross accumulate between in and out of network.*

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| --- | --- | --- | --- | --- |
|  | Cigna Dental PPO | | | |
| Network | Total Cigna DPPO | | Out-of-Network | |
| Calendar Year Maximum  (Class I, II & III expenses) | $2,000 | | $2,000 | |
| Annual Deductible  Individual  Family | $250  $500 | | $250  $500 | |
| Reimbursement Levels | Based on Reduced Contracted Fees | | 80th percentile of Reasonable & Customary Allowances | |
| Benefits | Plan Pays | You Pay | Plan Pays | You Pay |
| Class I: Preventive & Diagnostic  Oral Exams Routine - 2 per calendar year  Routine Cleanings - 2 per calendar year  Routine X-rays - Bitewings: 2 per calendar year  Non-Routine X-Rays - Full mouth: 1 every 36 consecutive months; Panorex: 1 every 36 consecutive months  Fluoride Application - 1 per calendar year under age 19  Sealants - Limited to posterior tooth. 1 treatment per tooth every three years up to age 14  Space Maintainers - Limited to non-orthodontic treatment | 100%  No Deductible | No Charge  No Deductible | 80%  No Deductible | 20%  No Deductible |
| Class II: Basic Restorative  Fillings  Root Canal Therapy / Endodontics  Emergency Care to Relieve Pain  Root Planing and Scaling - Various limitations depending on the service  Splinting  Oral Surgery – Simple Extractions  Anesthesia | 80%  After Deductible | 20%  After Deductible | 80%  After Deductible | 20%  After Deductible |
| Class III: Major Restorative  Crowns – Replacement every 5 years  Dentures – Replacement every 5 years  Bridges – Replacement every 5 years  Inlays / Onlays – Replacement every 5 years  Prosthesis Over Implant - 1 per every 5 years if unserviceable and cannot be repaired. Benefits are based on the amount payable for non- precious metals.  Repairs to Dentures, Bridges, Crowns and Inlays - Reviewed if more than once  Stainless Steel/Resin Crowns  Transepithelial Cytologic / Brush Biopsies  Relines, Rebases and Adjustments – Covered if more than 6 months after installation | 50%  After Deductible | 50%  After Deductible | 50%  After Deductible | 50%  After Deductible |
| Relines, Rebases, Denture Adjustments - Covered if more than 6 months after installation |  |  |  |  |
| Class IV: Orthodontia  Lifetime Maximum  Study Models or Diagnostic Casts - Payable only when in conjunction with orthodontic workup | 50%  After Deductible  $1,000 | 50%  After Deductible | 50%  After Deductible  $1,000 | 50%  After Deductible |
|  | | | | |
| Class VI: Periodontal  Gingivectomy  Gingivioplasty  Alveoplasty  Vestibuloplasty  Osseous Surgery No Annual or Lifetime Maximums apply | 50%  After Deductible | 50%  After Deductible | 50%  After Deductible | 50%  After Deductible |
| Class VII: Oral Surgery  Surgical Extractions of Impacted Teeth  No Annual or Lifetime Maximums apply | 50%  After Deductible | 50%  After Deductible | 50%  After Deductible | 50%  After Deductible |
| Class IX: Surgical Implants No Annual or Lifetime Maximums apply | 50%  After Deductible | 50%  After Deductible | 50%  After Deductible | 50%  After Deductible |